

**AFTER 48 HOURS, CHECK INFINITE CAMPUS TO SEE IF CHANGES WERE MADE.  
IF CHANGES *DO NOT APPEAR*, CLASSES WERE FULL AND THEREFORE A  
CHANGE COULD NOT BE MADE.**

Email Address: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**PERMISSION TO CHANGE COURSES**

Directions: Prior to making a change in a student's schedule by a counselor or principal, the student must fill out the information below and have this form signed by both the *incoming* and *outgoing* teachers. The student's parent or guardian must also sign with their approval before the counselor or principal can act upon the request and complete the change.

**Print this form and turn into the VVMS Student Services.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I desire to DROP \_\_\_\_\_ Semester 1 or Semester II  
(Course Name) (choose one)

I request to ADD \_\_\_\_\_ Semester 1 or Semester II  
(Course Name) (choose one)

Reason(s) for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(additional comments may be added on the back of this form)

\_\_\_\_\_  
(Student Signature) (Parent Signature)

\_\_\_\_\_  
(Outgoing Teacher) (Incoming Teacher)

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approved Denied Date Counselor's Initials